Why Did No One Listen To Me About Statins in 1996?

9–11 minutes

It is now over 21 years since my book *How To Stop Your Doctor Killing You* was first published.

And to celebrate the 21st anniversary of the book, I am reproducing below the chapter entitled `Lowering blood cholesterol'.

I have not changed one word from the original. I honestly do not think there is any need for changes.

The chapter might be of interest to the millions now taking statins.

The book has been a global bestseller for years but it hasn't had much effect on the sales of statins!

The statins are now the biggest selling group of drugs of all time with sales exceeding $22 billion.

Lowering blood cholesterol
It isn't difficult to find many examples of the way that drug companies (and doctors) do their best to turn every illness into a profit making opportunity – while endangering the health of individual patients.

The treatment of raised blood cholesterol is one example.

For many years, doctors and patients have believed that a patient who had a high blood cholesterol level may be more likely to suffer from heart trouble, high blood pressure or a stroke.

Vast amounts of money have been spent on screening patients for blood cholesterol levels. And many patients have been frightened half to death by finding out that their blood cholesterol levels are too high.

As a result, some years ago, the drugs industry became excited by the prospect of introducing cholesterol lowering drugs on a large scale. Soon after they had first been introduced, drugs being prescribed to lower blood cholesterol were described as so safe and so effective that they would soon be prescribed for all individuals over the age of around 30 – whether or not they had a raised blood cholesterol level.

Drugs designed to lower blood fat and cholesterol levels – and therefore reduce the risk of heart disease – have been on the market for some years now. Back in October 1992, I announced that in my view the latest drugs which looked like making a fortune for the drug industry were the products which were designed to lower blood cholesterol levels. At the same time, I expressed scepticism about the value of these drugs – and concern about the possible hazards associated with their use.

When they were first launched, the cholesterol lowering drugs were everybody's dream. The drug companies loved them because they knew that there was a massive, long term international market. And many patients loved the idea of taking a pill to lower blood cholesterol because even although they believed that a high cholesterol level meant a high heart attack risk, many didn't want to stop eating the fatty foods that may cause a high blood cholesterol.

(Our `pill for every ill' society sometimes still amazes me and I am constantly horrified at the number of people who know that their lifestyle is likely to result in a slow but early death but would still rather put all their trust into the greedy hands of the drug companies rather than doing something relatively simple and entirely risk free to help themselves.)

But there are several important questions to be answered here.

First, is a high blood cholesterol level really a danger sign?

The controversy over whether or not there is a direct link between a high blood cholesterol and the development of heart disease just won't go away. Most patients with heart disease have normal cholesterol levels and the alleged link between cholesterol levels and heart disease could, it seems, be a result of prejudices and assumptions being accepted as fact.

A Californian study couldn't find any link between high and low cholesterol levels and heart disease – but concluded that early deaths from heart disease are caused by other risk factors. A study of patients over the age of 70 failed to show any link between a high blood cholesterol level and any heart disease.

Second, is it wise to try to reduce a high blood cholesterol level?

Some trials have seemed to suggest that some of the patients who take cholesterol lowering drugs may be more rather than less likely to die.

Years ago, a report in the *British Medical Journal* concluded that `various studies have shown excess mortality from injuries and `causes not related to illness' in those who have participated in trials in which their serum cholesterol concentration is lowered by either diet of drugs'.

A Swedish report looked into the possibility that a low cholesterol level may be linked to death from injury or suicide.

They found that deaths from injuries, particularly suicide, were commoner in some men with a low blood cholesterol level.

An expert from the Cedars-Sinai Medical Center, Los Angeles, USA wrote an article in *The Lancet* which began: `...trials which have shown that the lowering of serum cholesterol concentrations in middle aged subjects by diet, drugs or both leads to a decrease in coronary heart disease have also reported an increase in deaths due to suicide or violence. There has been no adequate explanation for this association.'

This expert suggested that a lowered serum cholesterol concentration may contribute to a: `poorer suppression of aggressive behaviour'.

Californian researchers found that depression was much commoner among individuals who had a low blood cholesterol. They also found that the lower the cholesterol the more depressed the patient was

likely to be.

A World Health Organisation trial of a drug designed to lower blood cholesterol levels reduced expectations that cholesterol lowering drugs might lower mortality from heart disease and raised new questions about the role of these drugs.

Does anyone really know for sure whether it is wise to reduce a high blood cholesterol level – or whether such action may create new and as yet poorly understood problems?

For women the truth seems even better hidden than it is for men. Research involving 15,000 women in Scotland showed that women who have high levels of cholesterol are less likely to die of heart disease than men who have high levels of cholesterol (even though the women had higher levels of cholesterol than the men). It seems that lowering a woman's cholesterol levels may even expose her to a greater risk of heart disease.

The big (largely unasked) question is, of course: Can individuals reduce their chances of developing heart disease simply by eating more sensibly?

This question is clearly of vital importance because if the answer is `yes' then blood cholesterol levels (and cholesterol lowering drugs) become of academic, rather than practical, importance.

The curious and sad thing is that most doctors will, despite the `first do no harm' philosophy which I have always regarded as a fundamental tenet of medical practice, be happy to reach for their pens and prescription pads and dish out the pills rather than bothering to ask themselves what is (or is not) a suitable diet for preventing heart disease. There is a constant stream of new information and advice about these pills. But are they perfectly safe? I still don’t think so.

On the other hand, it is possible to cure heart disease without pills.

One of the basic cornerstones of this treatment programme is to follow a diet which cuts fat consumption down to somewhere between 10% and 20% - much lower in fat content than the usually recommended cholesterol lowering diet which is likely to contain 30% fat.

Most doctors still prefer to stick with the advice handed out by slick suited drug company representatives. And prescribe pills rather than diet.

Sadly, all this provides yet more evidence that most doctors are little more than marketing assistants for the pharmaceutical industry.

This is sad because depression and death aren't the only inconvenient side effects which may be associated with the use of cholesterol lowering drugs.

Possible side effects known to be associated with some of the many drugs commonly prescribed for the lowering of raised cholesterol levels may include: nausea, looseness of the bowels, impotence, headache, fatigue, drowsiness, skin rashes, pruritus, hair loss, weight gain, dizziness, cardiac arrhythmia and myositis like syndrome (comprising myalgia, myopathy, muscle cramps and sometimes rhabdomyolysis), rash, myalgia, headache, non-cardiac chest pain, nausea, vomiting, diarrhoea and fatigue, abdominal pain, constipation, flatulence, asthenia, headache, myopathy, nausea, diarrhoea,

rash, dyspepsia, pruritis, hair loss, dizziness, muscle cramps, myalgia, pancreatitis, paraesthesia, peripheral neuropathy, vomiting, anaemia, rhabdomyolysis, hepatitis and hypersensitivity.

Remember, these are drugs which are prescribed to apparently healthy people - to keep them healthy without their having to give up burgers and cream doughnuts.

Are cholesterol lowering drugs effective? Will you live a longer, healthier, happier life if you take them?

Dunno.

Will you live a longer, healthier, happier life if you eat less and, in particular, cut your consumption of fatty foods?

I firmly believe so.

But where's the profit to be made out of advising patients to eat fewer burgers?

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This extract is from `How To Stop Your Doctor Killing You' by Vernon Coleman. The book is now only available as an ebook on Amazon.